

AUTHORITY: P.L. 99-198.
COMPLETION: REQUIRED.

Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES--TEFAP
P.O. Box 30008, Lansing, Michigan 48909
Phone: (517) 373-8642

(Check Box if Amended Report) ☐

THE EMERGENCY FOOD ASSISTANCE PROGRAM COST REPORT

NAME OF PERSON COMPLETING FORM: _____ DATE: _____

AGENCY NAME	AGREEMENT NUMBER	ADDRESS	TELEPHONE NUMBER ()
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MAILING INSTRUCTION: Return ONE copy to the above State address by the date indicated below.

REPORT QUARTER: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ Final Adjusted Report (if necessary)
DUE: Jan. 10 April 10 July 10 Oct. 10 Due October 30

EXPENDITURE DETAIL (Round all figures to nearest dollar)

BUILDING/WAREHOUSING	<u>Building/Warehousing</u>	YEAR-TO-DATE
Equipment		
Insurance		
Maintenance		
Rent/Mortgage		
Supplies		
Utilities		
Other (Specify)		
TOTAL WAREHOUSING		

TRANSPORTATION	<u>Transportation</u>	YEAR-TO-DATE
Truck Rental		
Maintenance		
Fuel		
Other (Specify)		
TOTAL TRANSPORTATION		

PERSONNEL	<u>Personnel</u>	YEAR-TO-DATE
Salaries		
Benefits		
Other (Specify)		
TOTAL PERSONNEL		

OTHER COSTS	<u>Other Costs</u>	YEAR-TO-DATE
Accounting		
Training		
Office Supplies		
Other (Specify)		
Other (Specify)		
TOTAL OTHER COSTS		

<u>TOTAL ALL COSTS:</u>		
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I hereby certify that this report is correct according to the records in our office.

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE
(Must be different from person completing form)

DATE